

## **DIV - Diverticulitis / Diverticulosis**

### **DIV-C            COMPLICATIONS**

**OUTCOME:** The patient/family will understand the signs of complications and will plan to return for medical care if they occur.

**STANDARDS:**

1. Explain that some possible complications of diverticulosis and diverticulitis may include hemorrhage, abscess development and perforation with peritonitis, bowel obstruction, intussusception, and volvulus.
2. Advise the patient to seek immediate medical care for any signs of complications, such as lower abdominal cramping, abdominal distention fever, malaise, hemorrhage.

### **DIV-DP          DISEASE PROCESS**

**OUTCOME:** The patient/family will have a basic understanding of the pathophysiology and symptoms of diverticulitis/diverticulosis.

**STANDARDS:**

1. Explain that a diverticulum is a pouch or saccular dilatation from the main bowel cavity. Diverticulosis is the condition in which an individual has multiple diverticulae. Diverticulitis is an inflammation of one or more diverticulae.
2. Explain that- some of the- predisposing factors may include congenital predisposition, weakening and degeneration of the muscular wall of the intestine, chronic over distention of the large bowel, and a diet low in roughage.
3. Explain that diverticulosis develops in nearly 50% of persons over age 60, but only a small percentage develops diverticulitis.
4. Explain that diverticulosis may be accompanied by minor bowel irregularity, constipation and diarrhea.
5. Explain that symptoms of diverticulitis may range from mild abdominal soreness and cramps with “gas” and low grade fever, to more severe cramping and pain accompanied by fever, chills, nausea, abdominal rigidity and massive hemorrhage.
6. Inform the patient that diverticulitis may be acute or chronic.

### **DIV-FU          FOLLOW-UP**

**OUTCOME:** The patient/family will understand the importance of follow-up and make a plan to keep follow-up appointments.

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## **PATIENT EDUCATION PROTOCOLS: DIV - DIVERTICULITIS / DIVERTICULOSIS**

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### **STANDARDS:**

1. Discuss the importance of follow-up care.
2. Discuss the procedure for obtaining follow-up appointments.
3. Emphasize that appointments should be kept.

### **DIV-L LITERATURE**

**OUTCOME:** The patient/family will receive literature about diverticulitis and or diverticulosis.

### **STANDARDS:**

1. Provide the patient/family with literature regarding diverticulitis and/or diverticulosis.
2. Discuss the content of the literature.

### **DIV-M MEDICATIONS**

**OUTCOME:** The patient/family will understand the prescribed medication regimen and make a plan to take the medication as prescribed.

### **STANDARDS:**

1. Describe the proper use, benefits, and common or important side effects of the patient's medications. State the name, dose, and time for administration as applicable.
2. Discuss any significant drug/drug or drug/food interactions, including interaction with alcohol.
3. Discuss with the patient/family the need to complete the full course of antibiotics, as prescribed (when indicated.)
4. Caution the patient/family against utilizing over-the-counter medications for constipation without consulting the patient's provider.

### **DIV-MNT MEDICAL NUTRITION THERAPY**

**OUTCOME:** The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

### **STANDARDS:**

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
  - a. Assessment of the nutrition related condition.
  - b. Identification of the patient's nutritional problem.

- c. Specific nutrition intervention therapy plan.
  - d. Evaluation of the patient's nutritional care outcomes.
  - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
  3. Discuss the benefits of nutrition and exercise to health and well-being.
  4. Assist the patient/family in developing an appropriate nutrition care plan.
  5. Refer to other providers or community resources as needed.

#### **DIV-N          NUTRITION**

**OUTCOME:** The patient/family will understand how dietary modification may assist in the control of bowel function and develop an appropriate plan for dietary modification.

**STANDARDS:**

1. Assess current nutritional habits.
2. Emphasize the hazards of constipation.
3. Explain that during periods of acute inflammation, it may be necessary to begin with a very restricted diet and slowly progress to a bland diet.
4. Explain that bulk can be added to stools by eating fruits and vegetables with a high fiber content (seedless grapes, fresh peaches, carrots, lettuce).
5. Encourage a diet that is high in fiber and low in sugar to maintain intestinal tract function. Advise to avoid indigestible roughage, such as celery and corn.
6. Provide list of appropriate foods that are high in fiber and low in sugar.
7. Advise the patient/family to avoid extremely hot or cold foods and fluids, because they may cause flatulence. Also, alcohol, which irritates the bowel, should be avoided. Stress the importance of thoroughly chewing all foods.
8. Assist the patient/family in developing appropriate meal plans.
9. Stress the importance of water in maintaining fluid balance and preventing constipation.
10. Refer to dietitian as appropriate.

#### **DIV-P          PREVENTION**

**OUTCOME:** The patient/family will understand and make a plan for the prevention of diverticulitis and/or diverticulosis.

**STANDARDS:**

1. Discuss the effects of a fatty, low fiber diet on the colon.
2. Provide and review a list of low fat, high fiber foods.

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**PATIENT EDUCATION PROTOCOLS: DIV - DIVERTICULITIS / DIVERTICULOSIS**

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3. Assist the patient/family in meal planning that includes low fat, high fiber foods and avoids high fat, low fiber foods.
4. Explain that the etiology of Crohn's disease is unknown and there is no known prevention, but an appropriate diet may prevent or slow progression of the disease.

**DIV-PM      PAIN MANAGEMENT**

**OUTCOME:** The patient/family will understand the plan for pain management.

**STANDARDS:**

1. Explain that diverticulitis with pain usually responds to a liquid or bland diet and stool softeners to relieve symptoms, minimize irritation, and decrease the spread of the inflammation.
2. Discuss the plan for pain management during the acute phase, which may include opiate or non-opiate analgesics and anticholinergic to decrease colon spasms.
3. Advise the patient not to use over the counter pain medications without checking with the patient's provider.
4. Discuss non-pharmacologic methods of pain control as appropriate.

**DIV-TE      TESTS**

**OUTCOME:** The patient/family will understand the tests to be performed.

**STANDARDS:**

1. Proctosigmoidoscopy and Colonoscopy
  - a. Explain that proctosigmoidoscopy and colonoscopy may be utilized to directly visualize the inside of the colon and enable biopsies to be obtained. The information from the colonoscopy may be necessary to diagnose the specific type of bowel disease.
  - b. Explain that the procedure involves introducing a flexible tube through the anus and rectum.
  - c. Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.
2. Barium Enema
  - a. Explain that the barium enema is an x-ray to assess the extent of the disease, identify lesions, detect pseudo polyps, carcinoma, and strictures.
  - b. Explain that barium liquid will be introduced by enema and radiographs taken.
  - c. Explain that the preparation for the test is usually a liquid diet, cathartics and enemas.

**DIV-TX      TREATMENT**

**OUTCOME:** The patient/family will understand the prescribed treatment for diverticulitis/diverticulosis and have a plan to fully participate in the treatment regimen.

**STANDARDS:**

1. Discuss the specific treatment plan, which may include the following:
  - a. During acute episodes, nothing by mouth and IV fluid and nutritional support may be necessary in order to rest the bowel
  - b. Liquid or bland diet during the less acute phase, then a high fiber diet to counteract the tendency toward constipation
  - c. Stool softeners
  - d. Antimicrobial therapy to combat infection
  - e. Antispasmodics to control smooth muscle spasms
  - f. Surgical resection of the area of involved colon and sometimes temporary colostomy
2. Advise the patient to avoid activities that raise intra-abdominal pressure, e.g., straining during defecation, lifting, coughing.
3. Discourage smoking, as it irritates the intestinal mucosa.